

Joseph Wm With Barn
Ruth Grinslow

Exact Location
of original barn

Exact Loca of the $\frac{1}{2}$

Writer
Informant: Laron With
Provest. -0680
245E 300 S

STATE

ZIP CODE

RELATIONSHIP

CURRENT COVERAGE NO.

No.

Industrial Accident

Yes ☒ No ☐

RECIPIENT NAME ON ID CARD

Medicaid No.

5th finger down
 - sharp & rigid
 - a suture of laceration

ATTENDING PHYSICIAN

PHYSICIAN'S FEE

CHARGE

OTHER SERVICES RENDERED

X-ray

Laboratory

Physical Therapy

be Signed by Patient or Authorized Person

GOLDENROD: Business Office

NK: Physician